



Participant ID #:

--	--	--	--	--	--	--	--

Acrostic:

--	--	--	--	--	--	--	--

Date:

--	--

/

--	--

/

--	--	--	--

Month

Day

Year

MESA Follow-up Phone Call 20: Participant Tracking

Current tracking information from the MESA database is printed in the space below.

Record tracking information changes reported during the interview in the space below. Enter all changes into the MESA database.

A. Participant Information

Changes: _____

If new address, enter the month and year of change:

Month: _____ Year: _____

Street address: _____

Is this a street address or mailing address?

☐ Street

☐ Mailing



*If Mailing address, enter
street address here*



B. Secondary Residence

If a secondary residence is listed, ask participant if they still use the secondary residence at this address:



If yes, go to Section C Contacts/Proxies

If no, enter the month and year of end of use:

Month: _____ Year: _____

Does participant have another secondary residence that they use?:



Address of secondary residence:

When did participant begin use of this secondary address?

Month: _____ Year: _____

If no secondary residence is listed, ask the participant if they have a secondary residence:

If participant has a secondary address (a place he/she lives 4 or more weeks per year), enter address.





MESA Follow-up Phone Call 20: Participant Tracking

C. Contacts/Proxies

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes ☐ No ☐

Check if used as proxy for this interview ☐

Changes: _____

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes ☐ No ☐

Check if used as proxy for this interview ☐

Changes: _____

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes ☐ No ☐

Check if used as proxy for this interview ☐

Changes: _____



MESA Follow-up Phone Call 20: Participant Tracking

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes ☐ No ☐

Check if used as proxy for this interview ☐

Changes: _____

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes ☐ No ☐

Check if used as proxy for this interview ☐

Changes: _____

¿Cuál de sus contactos es la mejor persona para proporcionar información sobre su estado de salud o cualquier hospitalización que pueda haber tenido si no podemos localizarlo a usted?

Select one from above _____

Any ☐ None ☐

Other proxy (Record the following information only if interview is completed by proxy other than those listed above or on previous page.)

Name: _____

Address: _____

Relationship to parent: _____

Phone: _____



MESA Follow-up Phone Call 20: Participant Tracking

D. Health Care Providers	Changes: _____ _____ _____
	Changes: _____ _____ _____
	Changes: _____ _____ _____